

SPECIAL LEAVE REQUEST QUESTIONNAIRE

EMPLOYEE NAME (Please Print) _____

Section _____

EMPLOYEE SOCIAL SECURITY # _____

A. SPECIAL LEAVE REQUESTED:

1. Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

2. Employee's home address _____

3. Who did you contact to report your inability to report to work?

Date _____ Time _____

Name of person contacted _____

4. What instruction were you given? _____

5. Date and time you reported to work. _____

6. Requesting approval of _____ hours of Special Leave.

B. FLOODING/ICE ON ROADS/OTHER ACCESS PROBLEMS:

1. If you could not leave your home because of street/road problems, list all the roads/streets you could use to access your home. _____

2. If applicable, which were impassable and why? _____

3. If applicable, on what dates and during what times were they impassable? _____

C. DAMAGE TO YOUR RESIDENCE:

1. If you were unable to report to work due to damage to your home **at the address given above**, please detail specifically the damage which occurred. _____

2. How did this damage prevent you from reporting to work? _____

3. Please attach any documents which support your claim. _____

D. EVACUATION FROM YOUR HOME:

1. What was the cause of the evacuation? _____

2. Date and time of the evacuation? _____

3. By whom were you evacuated (law enforcement, civil defense, siren, etc.)? _____

4. Date and time you were allowed to return home? _____

E. OTHER:

EMPLOYEE SIGNATURE

DATE

Section Head Acknowledge That The Information Presented Above Is Accurate To The Best Of His/Her Knowledge.

APPROVED: APPOINTING AUTHORITY

DISAPPROVED: APPOINTING AUTHORITY